P. 1

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MESSAGE:

Applicants:

John B. Harley, et al.

Serial No.:

08/781,296

Art Unit:

1631

Filed:

January 13, 1997

Examiner:

Lori A. Clow

For:

DIAGNOSTICS AND THERAPY OF EPSTEIN-BARR VIRUS IN AUTOIMMUNE

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PTO/88/21 (08-03)

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		Application Number	08/781,296			
TRANSMITTAL FORM (to be used for all correspondence after initial filling)		Filing Date	January 13, 1997 John B. Harley 1631 Lori A. Clow			_
		First Named Inventor				_
		An Unit				_
		Examiner Name				
Total Number of Pages in This Submission	3	Attorney Docket Number	OMRF 161			_
	ENCI	LOSURES (Check all that	apply)			_
Fee Transmillal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Ferminal Disclaimer Request for Refund CD, Number of CD(s)	A A A A A A A A A A A A A A A A A A A	ppeal Co Appeals ppeal Co Appeal No roprietary tatus Lett	osure(s) (please	
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	TURE Q	F APPLICANT, ATTŌRNE	EY, OR AGEN	ı r	V. V.	
Firm			k Knight LLP		······································	_
or Rivka D. Monheit, Esq Individual name Suite 2000. One Atlant		r; 1201 West Peachtree Street	_	GA 303	809-34 00	
Signature Ruseu D. Month		., 1231 631 1 62611100 041661	A VITAL I THINING		707 5 700	_
Date April 16, 2004	wir-					_
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PTC/S8/17 (10-03)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete If Known FEE TRANSMITTAL 08/781,296 **Application Number** Filing Date January 13, 1997 for FY 2004 John B. Hartey First Named Inventor Examiner Name Lori A. Clow Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 0.00 **OMRF 161** Attorney Docket No. METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) 3. ADDITIONAL FEES Money Other None Check Cordicard arge Entity | Small Entity Deposit Account: Fee Fee Gode (\$) Fee Code Fee Description Daposit (S) ee Pald 50-1868 Account 1051 130 2051 65 Surcharge - late filing fee or oath Numba Deposit 1052 50 2052 25 Surcharge - late provisional filing fee or Holland & Knight LLP cover sheet Name 1053 130 1053 130 Non-English specification The Director is authorized to: (check all that apply) 1812 2.520 For filing a request for ex parte reexamination 1812 2.520 Credit any overpayments Charge fee(s) indicated below 1804 920" Requesting publication of SIR prior to Examiner action 920 1804 Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee 1805 1,840" Requesting publication of SIR after Examiner action 1805 1,840 to the above-identified deposit account. 1251 110 2251 55 Extension for reply within first month **FEE CALCULATION** 210 Extension for reply within second month 1252 420 2252 1. BASIC FILING FEE 1253 950 2253 475 Extension for reply within third month arge Entity Small Entity Fee Paid Fee Fee Code (\$) Fee Description 1254 1.480 2254 740 Extension for reply within fourth month 2255 1,005 Extension for repty within fifth month 1255 2.010 2001 365 1001 770 Utility filing fee 1401 330 2401 165 Notice of Appeal 1002 340 2002 170 Design filing fee .. 1402 330 2402 165 Filing a brief in support of an appeal 1003 530 2003 265 Plant filing fee 1403 290 145 Request for oral hearing 2403 1004 770 2004 385 Reissue filing fee 1451 1,510 1451 1.510 Petition to institute a public use proceeding 1005 160 2005 Provisional filing fee 1452 110 2452 55 Petition to revive - unavoidable SUBTOTAL (1) (\$) 1.330 1453 2453 665 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or reissue) Fee from below Extra Claims Fee Pald 1502 460 2502 240 Design issue fee 14 -20* = Total Claims 1503 2503 640 320 Plant Issue fee Independent Claims -3** = 0 1460 130 1460 130 Petitions to the Commissioner Multiple Dependent 50 1607 1807 50 Processing fee under 37 CFR 1.17(q) Large Entity Small Entity 180 Submission of Information Disclosure Stmt 1806 180 1806 Fee Description 40 Recording each patent assignment per Fee Fee Code (\$) Code (\$) 8021 8021 40 properly (times number of properties) Claims in excess of 20 1202 18 2202 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1809 770 2809 1201 66 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 770 365 For each additional invention to be 1810 2610 examined (37 CFR 1.129(b)) Reissue independent claims 1204 86 2204 43 385 Request for Continued Examination (RCE) over original patent 1601 770 2501 Reissue claims in excess of 20 and over original patent 900 Request for expedited examination 1802 900 1602 1205 18 2205 of a design application Other fee (specify) Fee for Notice of Appeal was paid on May 13, 2003 (\$) -0-SUBTOTAL (2) Reduced by Basic Filing Fee Paid (\$) 0.00 SUBTOTAL (3) "or number previously paid, if greater; For Reissues, see above SUBMITTED BY Registration No.

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48,731

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to "Commissioner for Patents, P.O. Box		In re Application of John B. Harley						
1450, Alex	xandria, VA 22313-1450*	Application Number 08/781,296		Filed January 13, 1997				
Signature Por DIAGNOSTICS AND THERAPY OF EPSTER VIRUS IN AUTOIMMUNE DISORDERS								
Typed or p	printed SEE CERTIFICATE OF FAX TRANSMISSION			aminer .ori A. Clow				
Applicant	hereby appeals to the Board of Patent Appeals and interference.	s from the last o	lecision of the examin	⊕r.				
The fee to	r this Notice of Appeal is (37 CFR 1.17(b))		\$.					
The fee fo	or a Notice of Appeal was previously paid on May 13, 2000	3. Therefore,	no fee should be du	ie at this time.				
✓ App by I	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is;							
☐ Ac	heck in the amount of the fee is enclosed.							
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I am the	·							
а рр	dicant/Inventor.		Lista D.	Monhat				
	ignee of record of the entire interest. 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed.			. Monheit				
	m PTO/SB/96)	Typed or printed name						
-u-		(404) 817-8514						
	mey or agent of record. istration number 48,731			ne number				
	orney or agent acting under 37 CFR 1.34(a). Istration number if acting under 37 CFR 1,34(a).		April 1	6, 2004				
,,,,,			D	ate				
NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
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